

ARLUN

Golf Classic

Date: June 19, 2015

6:45 am - Check-In

7:30 am - Shotgun Start

Location: Cheyenne Shadows Golf Course

PLEASE COMPLETE THIS FORM AND FAX TO 719-264-9198 OR EMAIL TO KELLY@AASCHQ.ORG.

Contact Name: _____

Company: _____

Please list the names of those attending - Must have names by June 10th!

1.) _____

2.) _____

3.) _____

4.) _____

Address: _____

City: _____

State and Zip: _____

Phone: _____ Fax: _____

Email: _____

Lunch Only: _____

Only \$125 per golfer - \$500 per foursome

After May 15th: \$135 per golfer - \$540 per foursome

Lunch is included for golfers!

Not a golfer then join us for lunch! - Only \$40



PAYMENT METHOD (CIRCLE ONE): INVOICE ME/VISA/MC

CARD NUMBER _____ SECURITY CODE: _____

CARDHOLDER SIGNATURE _____ EXPIRATION _____

Cancellation, Refund, and Payment Policy

Registration is subject to availability. Please register no later than June 10th. Cancellations must be received by June 10th, no-shows will be billed. Please notify AASC in writing if special assistance is required. Invoices will be sent to the authorizing person/company above.